UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM,	§	
PLAINTIFFS	§	
	§	
v.	§	CIVIL ACTION NO.
	§	4:14-cv-3253
	§	JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT EASON, the UNIVERSITY OF TEXAS MEDICAL BRANCH and the TEXAS DEPARTMENT OF CRIMINAL JUSTICE.	§	
DEFENDANTS	§	

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 7

04-1679

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: ROBERTSON, RICKY
Age: 37 YRS DOB: 08/21/66 Sex: M Race: C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

117 2218

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

AUTOPSY INFORMATION:

Occupation: Inmate Birthplace: Unknown Residence: TDCJ, Huntsville,TX
Date/Time of Death: 07-16-04/1505 Date/Time of Autopsy: 07-19-04/1030
Pathologist/Resident: Olano/Nguyen Service: TDCJ Med Restriction: NONE
ML-04-348

FINAL AUTOPSY DIAGNOSIS

I. **Body as whole: History of bipolar disorder status post treatment with nortryptyline, lithium, chlorpromazine, benztropin, and amantadine. History of severe hyperthermia, acute renal failure, rhabdomyolysis and DIC. Pre-mortem toxicology screen positive for tricyclics (by FPIA: 660 ng/ml) and post-mortem toxicology screen positive for tricyclics (qualitative).** C1/C2
   - A. Lungs, bilateral: Acute pulmonary congestion, marked (right lung = 1290 g, left lung = 1200 g) with alveolar hemorrhage. A1
   - B. Kidneys: History of acute renal failure. C3
     - 1. Kidneys, bilateral: Autolysis, marked (precludes further histologic evaluation.
   - C. Brain, hemispheres: Mild edema. A3
     - 1. Cerebellum, hemispheres: Acute ischemic changes involving Purkinje cells. A3
   - D. Spleen: Acute congestion. A4
   - E. Heart: Focal subendocardial hemorrhage. A4

II. Other findings:
   - A. Thyroid: Colloid cyst. A5
   - B. Liver: Macrovesicular fatty metamorphosis, focal. A5

RECEIVED
OCT 11 2004
COPIED AND SENT

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: ROBERTSON, RICKY
Patient Location: JOHN SEALY TOWER 4A
Room/Bed: J4A - 05
Printed Date / Time: 10/01/04 - 0819

Continued

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

CLINICAL SUMMARY:

This clinical summary is based on information provided by the UTMB medical chart and TDCJ system.

The decedent was a 39 year-old Caucasian man with history of bipolar disorder, borderline personality disorder, and substance abuse. Prior to his death, these were the medications which he had been taking: lithium 600 mg BID, chloropromazine 100 mg BID, benztropin 2 mg BID, amantadine 100 mg BID, and nortryptyline 75 mg QPM. On 7/15/04 at 22:10, the patient was found unresponsive in his cell at TDCJ with hyperthermia (108 F), hypotension (98/40mmHg), and hypoxemia (O2Sat 73%). The patient was intubated and transferred to UTMB emergency department. At our hospital, he developed hypotension with mean arterial pressure 20-30mmHg which was treated with dopamine and epinephrine. The toxicology study indicated a level of TCA of 600 NG/ML. Additional lab tests revealed the following results: (1) acute renal insufficiency (Creatinine: 2.38 MG/DL); (2) disseminated intravascular coagulopathy (PLT=83000 CMM, fibrinogen= 82 MG/DL, PT=19.8 sec, PTT=50sec); (3) rhabdomyolysis (creatine kinase 7748 U/L, CK-MB= 63.7 ng/ml); (4) lactic acidosis (pH=7.25, lactic acid = 5.2 MMOL/L); and (5) myocardial damage (troponin= 16.01 ng/ml).

The patient was admitted to MICU for altered mental status, hypotension, and respiratory failure. His family was informed about the poor prognosis and agreed with the "do not resuscitate" decision as well as withholding all medical intervention. The patient expired at 15:05 on 7/16/04 (14 hours after symptoms first occurred).

TN /DRB
07/20/04

Continued

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a thirty-nine year old, well nourished, well developed, Caucasian male measuring 193 cm in length. There is rigor mortis present in the knees and elbows, and there is fixed dependent lividity on the posterior surfaces. The head is normocephalic with abundant long, black scalp hair, a beard and a mustache. The irides are black with equal pupils measuring 4 mm in diameter. The conjunctiva is transparent and the sclera is without lesions. The nares are patent with no exudate. Dentition is moderate in quality. Buccal membranes are normal with no lesions. The neck does not reveal any evidence of external trauma. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly. There is normal male hair distribution with sparse hair over the lower extremities. The chest does not have increased anterior-posterior diameter. The abdomen is flat. Lymph node enlargement is not present in the supraclavicular, axillary or inguinal regions. The back and extremities are unremarkable. The genitalia are those of a normal circumcised male.

The following medical intervention devices are identified: Nasogastric tube; two triple-lumen venous catheters are found at bilateral groins; two venous catheters are found at bilateral dorsal hands. A "RLP" inscription tattoo is found at right deltoid area. A 1.2 cm longitudinal ulcer is found at the mid-line of the neck and inferior to the thyroid cartilage.

INTERNAL EXAMINATION: The body is opened using a standard Y - shaped incision, and reveals a 3.8 cm thick panniculus, and the thoracic and abdominal organs in the normal anatomic positions with no adhesions. The left and right pleural cavities contain 5 ml of clear yellow fluid. There are no pleural adhesions. The pericardial sac contains 5 ml of clear, yellow fluid. There are no rib fractures. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains 20 ml of yellow, clear fluid. There are no adhesions between loops of bowel.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 435 gm (normal 270-360 gm) and has a normal shape. The pericardium is smooth, glistening and purple-red. Fresh sections stained with triphenyl tetrazolium chloride (TTC) show no lesions. The myocardium is homogenous red-brown. The endocardium is purple-red and smooth. The left ventricular wall is 1.4 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.4 cm thick (normal 0.25-0.3 cm), 2.0 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 11.5 cm (normal 12-13 cm), pulmonic valve 7.6 cm (normal 8.5-9.0 cm), mitral valve 10.6 cm (normal 10.5-11.0 cm), and aortic valve 8.8 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant. The coronary

Concluded.

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: ROBERTSON, RICKY
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

GROSS DESCRIPTION:

arteries reveal mild atherosclerotic plaques with up to 40% stenosis of the left anterior descending coronary artery. There is no evidence of hemorrhage or rupture within the plaques. The aorta exhibits no atherosclerotic changes. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal in configuration without external compression, and are distended with blood.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is pink and glistening, and the vocal cords are unremarkable. The tracheal mucosa is pink and unremarkable.

Lungs, bilateral: The right lung weighs 1290 gm, and the left lung weighs 1200 gm (normal R-435 gm; L-385 gm). The pleural surfaces are purple-red and glistening. Lividity is dorsal. The right lung is inflated with formalin before sectioning. Hilar dissection reveals the bronchial and vascular trees to be of normal configuration, and without lesions. The hilar nodes are unremarkable. The lung parenchyma is black-red and congested.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is autolyzed. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is removed, and shows a finely granular surface with no coating.

Stomach and duodenum: The stomach contains 30 ml of chyme which is black and starchy. The wall displays normal rugae, and the mucosa is autolyzed with no lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions. The duodenal mucosa is autolyzed.

Pancreas: The pancreas has a normal conformation of the head and tail. It is lobulated and soft. The pancreatic duct is patent.

Biliary tract: The gallbladder is present. The gallbladder serosa is gray-green and glistening. The gallbladder contains 20 ml of dark green viscous bile and no stones. The mucosa is dark green, glistening and velvety. The wall measures up to 1.5 mm in thickness, and is unremarkable. The cystic duct, hepatic duct, and common duct are patent, and bile is expressed freely.

Liver: The liver weighs 1600 gm (normal 1400-1900 gm). Glisson's capsule is transparent. The cut surface has a homogenous lobular pattern, cuts with ease and oozes blood. The surface is yellow consistent with steatosis.

Small bowel: The serosa is smooth with no adhesions. The bowel is not dilated. The bowel wall measures 0.3 cm thick. The mucosa is tan and

Continued

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

GROSS DESCRIPTION:

glistening with normal plications. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth with no adhesions. The lumen contains well formed feces. The bowel wall measures 0.15 cm in thickness. The mucosa is tan and glistening with no lesions. There are no diverticula or polyps present. The appendix is present, and is grossly normal.

Rectum and anus: No lesions are noted, and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 380 gm (normal 125-195 gm), and the capsule is gray-blue, translucent, and smooth, without capsular fibrosis. The parenchyma is purple-red and autolyzed with adequate white pulp. Granulomas are not present.

Lymph nodes: Lymph nodes in the mediastinum, abdomen, and retroperitoneum are unremarkable.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 220 gm, and the left 200 gm (normal 125-170 gm). The capsules strip with ease to reveal brown-yellow cortical surfaces. The cut surfaces show well demarcated cortico-medullary junctions. The cortex is 0.5 cm in thickness; the medulla is 1.2 cm in thickness. The renal pelvic mucosa is white, dull and has no lesions. Perihilar adipose tissue is increased. The renal cortex appears to bulge out of the capsule.

Ureters: The ureters are unobstructed, and measure 0.4 cm in maximal external diameter in the middle third, with a tan, smooth glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe-patent into the bladder. The ureteral wall is 0.1 cm in thickness.

Bladder: The bladder is not dilated or contracted, and contains 10 ml of yellow urine. The bladder wall is 0.3 cm in thickness. The mucosa is white,pink, and the bladder wall is unremarkable. The trigone has a normal conformation.

Prostate: The prostate is granular and and tan-gray. The cut surface reveals normal glandular architecture. The seminal vesicles are unremarkable.

Testes: The right testis weighs 28.7 gm, and the left 30.4 gm (normal 20-25 gm). The tunica albuginea is tan-white and glistening. The cut surface reveals a soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 46.5 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous,

Continued...

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted : 07/16/04 0322
Copies to : ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

GROSS DESCRIPTION:

translucent, red-brown.

Adrenals: The right adrenal weighs 12.4 gm, and the left 13.1 gm (normal 5-6 gm). The adrenals have a normal conformation and position. Cut surface reveals 1.5 cm thick firm golden yellow-brown cortices, with gray soft medullae.

BRAIN AND SPINAL CORD: Reflection of the scalp reveals no hemorrhage. The calvaria and base of the skull show no fracture. The dura mater is normal. The brain weighs 1680 gm (normal 1200-1400 gm). The gyri and sulci display mild edema. The circle of Willis, basilar, and vertebral arteries show no atherosclerosis. No indentation or herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The spinal cord is removed, and gross examination reveals no lesions. The spinal cord is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

PITUITARY GLAND: The pituitary gland is removed, and is fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were retained. Samples of liver, kidney, heart, lung, and spleen were frozen for potential further examination. Samples of blood were submitted for toxicological analysis.

TN /DRB
07/20/04

Continued....

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: ROBERTSON, RICKY
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

MICROSCOPIC DESCRIPTION:

Testis, slide 3, right, slide 4, left, (2 H&E): No pathological changes

Bladder, slide 12, (1 H&E): Mucosal autolysis. Submucosa and muscularis propria appear normal.

Kidneys, slide 13, right; slide 14, left, (1 H&E): Marked autolysis of renal tubules. Glomeruli and blood vessels appear normal. Interstitium appears normal.

Prostate, slide 6, (1 H&E): Glandular autolysis. Stroma appears normal.

Heart, slide 4, left ventricle; slide 5, interventricular septum; slide 8, right ventricle, (2 H&E): Focal subendocardial hemorrhage and focal interstitial fibrosis (slide 4).

Left anterior descending coronary artery, slide 8, (1 H&E): Atherosclerotic plaque.

Lungs, slide 10, right; slide 11, left, (2 H&E): Acute pulmonary congestion and acute alveolar hemorrhage.

Gastrointestinal system, slide 7, esophagus; slide 7, stomach, slide 15, small and large intestines, (2 H&E): Autolysis

Liver, slide 9, (1 H&E): Macrovesicular fatty metamorphosis.

Pancreas, slide 12, (1 H&E): Autolysis

Adrenals, slide 1, left; slide 3, right, (2 H&E): No pathological changes

Thyroid, slide 2, (1 H&E): Small colloid cyst with no evidence of inflammation, fibrosis or calcification. Rest of the gland appears normal. There is no evidence of inflammation or hyperplasia.

Spleen, slide 2, (1 H&E): Ocassional neutrophils in the red pulp. White pulp is within normal limits.

Bone, vertebral body, slide 16, (1 H&E): No pathological changes

SUMMARY OF POST-MORTEM LABORATORY DATA

1. Toxicology screen, blood: Positive for nortryptyline.

Continued...

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: ROBERTSON, RICKY
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN
MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

MICROSCOPIC DESCRIPTION:

TN /DRB
08/20/04

Continued...

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: ROBERTSON, RICKY
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-04-00193

ML-04-348

CLINICAL HISTORY:

The decedent was a thirty-nine year-old Caucasian man with history of bipolar disorder, borderline personality disorder, and substance abuse. Prior to his death, these were the medications which he had been taking: lithium 600 mg BID, chloropromazine 100 mg BID, benztropin 2 mg BID, amantadine 100 mg BID, and nortryptyline 75 mg QPM. On 7/15/04 at 22:10, the patient was found unresponsive in his cell at TDCJ with hyperthermia (108F), hypotension (98/40mmHg), and hypoxemia (O2Sat 73%). The patient was intubated and transferred to UTMB emergency department. At our hospital, he developed hypotension with mean arterial pressure 20-30mmHg which was treated with dopamine and epinephrine. The toxicology study indicated TCA 600 NG/ML. Additional lab test indicate the following results: (1) acute renal insufficiency (creatinine 2.38 MG/DL); (2) disseminated intravascular coagulopathy (PLT=83000 CMM, fibrinogen= 82 MG/DL, PT=19.8 sec, PTT=50sec); (3) rhabdomyolysis (creatinine kinase 7748 U/L, CK-MB= 63.7 ng/ml); (4) lactic acidosis (pH=7.25, lactic acid = 5.2 MMOL/L); and (5) myocardial damage (troponin= 16.01 ng/ml).

The patient was admitted to MICU for altered mental status, hypotension, and respiratory failure. His family was informed about the poor prognosis and agreed with the "do not resuscitate" decision as well as withholding all medical intervention. The patient expired at 15:05 on 7/16/04 (14 hours after symptoms first occurred). The main findings at the autopsy include bilateral pulmonary edema, hepatic steatosis, mild edema of the brain, probable acute tubular necrosis of the kidneys, and subendothelial hemorrhage of the heart. The main cause of dead is cardiac arrest secondary to tricyclic antidepressant overdose. The manner of death is natural.

Pathologist/Resident: Olano/Nguyen

GROSS DESCRIPTION:

Submitted for neuropathologic examination are brain, convrxity dura, spinal cord with spinal dura (15 cm segment) not including conus medullaris/filum terminale, and pituitary gland.

The dura is grossly unremarkable. There is no evidence of significant jaundice staining. There is no evidence of masses or calcifications/ossifications. There is no evidence of thrombosis of the superior sagittal sinus.

The weight of the unfixed brain at the time of autopsy is 1680 gm. External examination reveals no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, sulcal widening, swelling or herniation. The leptomeninges are thin and transparent. The major cerebral arteries have no significant atherosclerosis. The circle of Willis has a normal symmetric pattern, and no aneurysms or other malformations are identified.

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD, WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD, STEPHEN MOVVA MBBS, SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-04-00193

GROSS DESCRIPTION:

The hemispheres are sliced coronally, revealing normal anatomic development, normal size ventricles and normally thick cortical ribbon with distinct gray-white junction. No gross lesions are identified in the hemispheres. The brainstem and cerebellum are sliced transversely, revealing normal anatomic development, normal pigmentation of substantia nigra and locus ceruleus, and no evidence of gross lesions.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage, or malformations. THe substance of teh spinal cord is fragmented superiorly, probably due to mechanical artifact, but will be examined microscopically to rule out cavitation. The spinal cord is sliced transversely at approximately 1 cm intervals, revealing normal development and no evidence of parenchymal lesions.

The pituitary gland is intact and normally developed, without external hemorrhages or other lesions. The horizontal cut surface reveals a homogeneous posterior lobe and a variegated anterior lobe with no evidence of internal lesions.

DICTATED BY: GERALD A. CAMPBELL, M.D., PATHOLOGIST
08/13/04

SECTIONS TAKEN:
B1: Pituitary; B2: Left frontal; B3: Left hippocampus; B4: Cerebellar vermis; B5: Spinal cord

FINAL DIAGNOSES:

A. Brain and cranial dura:
1. Cerebellum, Purkinje cells: Acute ischemic change

B. Spinal cord and spinal dura (15 cm thoracolumbar segment):
1. No abnormalities

C. Pituitary gland:
1. No abnormalities

GERALD A. CAMPBELL, M.D., PATHOLOGIST
Division of Neuropathology .

Patient Name:
Patient Location:
Room/Bed:
Printed Date / Time: ROBERTSON, RICKY
JOHN SEALY TOWER *Page:*
J4A - 05

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted : 07/16/04 0322
Copies to : ANTWI MD,STEPHEN

Gross: 08/13/04
Final: 08/15/04

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

MOVVA MBBS,SUNIL
(Electronic Signature).

Patient Name: ROBERTSON, RICKY
Patient Location: JOHN SEALY TOWER *Page:*
Room/Bed: J4A - 05
Printed Date / Time:

Patient Account: 30001068-644
Med. Rec. No.: (0000)708320Q
Patient Name: **ROBERTSON, RICKY**
Age: 37 YRS *DOB:* 08/21/66 *Sex:* M *Race:* C
Admitting Dr.: BEARY MD,WILLIAM M
Attending Dr.: TDCJ MED
Date / Time Admitted: 07/16/04 0322
Copies to: ANTWI MD,STEPHEN MOVVA MBBS,SUNIL

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-04-00193

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 39 year-old Caucasian male with history of psychiatric disorders, substance abuse, and severe hyperthermia. He developed altered mental status, severe hypotension, respiratory failure, disseminated intravascular coagulopathy, rhabdomyolysis, and acute renal failure.

The decedent's clinical history and laboratory data meet the definition of severe hyperthermia (T: > 105.8F) leading to heat stroke. Known complications of heat stroke include severe rhabdomyolysis leading to acute renal failure, disseminated intravascular coagulation and multiorgan failure as demonstrated in this case (renal and pulmonary failure, and ischemic damage of the CNS). Marked elevation of creatine kinase and laboratory evidence of renal failure and DIC were documented pre-mortem. Post-mortem demonstration of acute tubular necrosis and fibrin microthrombi was not possible, most likely due to severe autolysis.

Pre-mortem analysis of serum revealed a toxic level of tricyclic antidepressants (660 ng/ml). Levels of tricyclics in lethal cases are usually above 1000-2000 ng/ml. The decedent was also on several other medications including amantadine and chlorphromazine which along with the tricyclics are known risk factors for developing hyperthermia and heat stroke because of their effects on heat dissipating mechanisms in the body.

In summary, this 39-year-old man died of complications of severe hyperthermia and heat stroke. An important contributing factor was a toxic level of tricyclics in serum. The manner of death is accidental.

References:

1. Yoder E. Disorders due to heat and cold. In Cecil Textbook of Medicine. Goldman L, Bennet JC (Eds). 21st Edition. 2000:512-515. WB Saunders Pub, Philadelphia.

2. Simon HB. Hyperthermia. New England Journal of Medicine.1993;329:483.

TN /TN
08/30/04

JUAN P. OLANO, M.D., PATHOLOGIST (Electronic Signature)
THONG NGUYEN, D.O.
09/27/04

Patient Name: ***ROBERTSON, RICKY***
Patient Location: ***JOHN SEALY TOWER 4A***
Room/Bed: ***J4A - 05***
Printed Date / Time: ***10/01/04 - 0819***

END OF REPORT

AMERITOX
9930 W. Hwy 80 Midland, TX 79706
Tel (866) 287-7584 Fax (432) 561-8619

Nguyen
G ATM O

Toxicological Laboratory Report

Name: Ricky Robertson | Case Number: AU04193

Medical Examiner: Dr. Aronson | Company Name: University of Texas Medical Branch

Drugs of Abuse Screen	
Urine Tricyclic antidepressants	Positive
Common Basic Screen	
Serum Nortriptyline	Positive*
Serum Doxepin	Negative
Serum Desipramine	Negative
Serum Imipramine	Negative
Serum Cyclobenzaprine, Clomipramine	Negative
Serum Amitriptyline	Negative
Quantitative Tests	
Serum Alcohol, Ethyl	Negative
Serum Alcohol, n-propanol, acetone, methanol, isopropyl	Negative
Other Tests	
Serum Salicylate, spot test	Negative
Urine Acetaminophen screen	Negative

*Quantity not sufficient for requested analysis.

Joseph R. Monforte, Ph.D., DABFT
Laboratory Co-Director

AUG 19 2004
Date

Tuesday, Aug 17 2004 14:48:10
Page 1 of 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM,	§	
PLAINTIFFS	§	
	§	
v.	§	CIVIL ACTION NO.
	§	4:14-cv-3253
	§	JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT EASON, the UNIVERSITY OF TEXAS MEDICAL BRANCH and the TEXAS DEPARTMENT OF CRIMINAL JUSTICE.	§	
DEFENDANTS	§	

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 8

UTMB
The University of Texas Medical Branch

Carolyn McMillian
Death Records Coordinator
for Health Information Management
University of Texas Medical Branch--Managed Care
262 FM 3478 Ste B Huntsville, Texas 77320 -3323
Phone: (936) 439-1342 Fax: (936) 439-1350

Date: September 13, 2013

Texas Civil Rights Project
Attn: Eva Sikes
1405 Montopolis Dr.
Austin, Texas 78741-3438

Dear Ms. Sikes,

Pursuant to your request, enclosed you will find a copy of the autopsy report on deceased offender **James Shriver TDCJ # 390315** If you have any more questions or need anything further please do not hesitate to contact my office at the number above.
If you need a copy of the **Death Certificate** you will need to contact the following:

Vital Statistics Unit MC 1966
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347
Phone (512) 458-7111

Your patience regarding this matter is appreciated.

Sincerely,

Carolyn McMillian
Death Records Coordinator

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/08/07 1555
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

390315

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

AUTOPSY INFORMATION:

Occupation: Inmate Birthplace: Unknown Residence: TDCJ Huntsville,TX
Date/Time of Death: 08-08-07/0512 Date/Time of Autopsy: 08-09-07/1030
Pathologist/Resident: Cowan/Haley Service: OTDCJ
Restriction: NONE-Return organs

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

I. Body as a whole: History of psychiatric illness and sudden, unexpected death. C1
- **A. Skin, anterior forearms and lower legs; Multiple well-healed transverse scars**
- **B. Heart: Cardiomegaly (410 grams)**
  Patent foramen ovale
- **C. Lungs: Congestion (combined weight 1320 g)**
  Interstitial fibrosis, mild

II. Other findings:
- **A. Kidney, right, duplicate renal arteries**
  Prominent fetal lobulations and cortical scars
- **B. Urinary bladder: mild muscular hypertrophy**

RECEIVED
OCT 0 9 2007
COPIED AND SENT

****TYPE: Anatomic(A) or Clinical(C) Diagnosis.*
*IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant; 5-incidental ****

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/08/07 1555
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

CLINICAL SUMMARY:

The following history is obtained from TDCJ records.

Past Medical History/Clinical course
This was a 47-year-old TDC inmate with a history of schizoaffective disorder and borderline personality disorder, hepatitis C infection, hypertension, and asthma who was serving a 25-year sentence for burglary and indecency with a child. He had recently presented to clinic on 6/13/2007 with complaints of breathing difficulty; no findings were present on exam, and he was discharged without treatment. Cardiogram performed 05/21/04 was reported abnormal, with a normal sinus rhythm, but a nonspecific ST abnormality.

In addition, he had a long history of treatment for psychiatric symptoms and had made serious suicide attempts in the past. On 8/1/07, he was transferred from the Robertson Unit to Skyview Crisis Management unit for threats of self-harm, banging his head, and auditory hallucinations. He was returned to the Byrd facility on 8/7/07 and at that time reported that he was receiving all medications and denied suicidal ideation. However, on August 8, 2007 at 0445, he was found unresponsive and asystolic in the bunk bed of his two-man cell. He was taken to the infirmary where CPR attempts were unsuccessful, and he was pronounced dead at 0512.

Past Medical history:
Schizoaffective disorder
Borderline personality disorder
Hepatitis C virus - Last ALT 22 (6/13/07)
Hypertension
Asthma

Medications:
HCTZ 50mg daily
Aspirin 325mg daily
Dicyclomine 20mg BID
Ziprasidone 80mg BID
Fluoxetine 20mg QAM
Haloperidol 15mg BID
Bentropine 1mg daily

SH /SH
09/11/07

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/08/07 1555
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent is a well nourished, appropriately developed white male, measuring 182 cm in length, identified as James SHRIVER by band on the right ankle. The body is not clothed and there are no accompanying personal belongings. Rigor mortis is present in the arms and legs and there is fixed dependent lividity on the posterior surfaces. The head is normocephalic with short dark blonde scalp hair. The irides are blue with equal pupils measuring 0.5 cm in diameter. The corneas are cloudy, conjunctivae are pink, and the sclerae are white. The nares are patent without exudate. Dentition is fair. Buccal membranes are normal without lesions.

The trachea is midline. Palpation of the neck reveals no lymphadenopathy, thyromegaly or evidence of trauma. There is normal male hair distribution. The chest diameters are normally proportioned. The abdomen is flat. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable. The back and the extremities are unremarkable. The genitalia are those of a normal circumcised male.

The following tattoos are present: 3 tattoos over the right anterior lower extremity: a skull, a grim reaper, and "JAMIE"; on the right deltoid: a cross with "SUKI AND JAMIE" and the patient's initials; on the right chest: "SCORPIO" and "SUKI"; a scorpion on the right neck and lettering on the left neck. There are 2 tattoos over the left chest: a devil and a cat; multiple tattoos on the left arm featuring symbols, animal shapes, and lettering. There are 4 tattoos over the anterior left lower extremity: a pair of dice, 2 skulls, and "FJW"; a tattoo over the right back with lettering; 2 tattoos over the posterior right arm: "TEXAS" and a peacock; on the right dorsal hand, "LBJ".

The following identifying marks are present: 2 scars over the anterior right thigh, one measuring 5 x 0.4 cm and another measuring 7 x 1.4 cm.; 5 scars over the anterior right foreleg, the largest measuring 17 x 0.6.; 2 scars over the anterior left thigh, one measuring 1.4 x 0.8 and another measuring 1.3 x 0.3 cm.; an area of 7 scars over the anterior left foreleg the longest measuring 18.5 x 0.1 cm, and an area of 6 scars over the left ankle the largest measuring 7 x 0.1 cm. There are multiple shallow scars over the right forearm, 13 oriented horizontally and 6 oriented vertically, the largest measures 17.4 x 0.4 cm.; 2 scars on the right chest, measuring 6.8 x 0.2 cm and 6.2 x 0.2 cm.; a vertical scar over the left chest measuring 15 x 0.2 cm.; a deep scar on the left forehead measuring 17 .5 x 0.2 cm. There are multiple shallow scars over the left anterior forearm, 7 oriented horizontally and 11 oriented vertically; 3 shallow scars over the right dorsal hand, the largest measuring 5.2 x 0.2 cm.

There is a cut over the right forehead measuring 0.1 x 0.1 cm surrounded by

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/08/07 1555
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

GROSS DESCRIPTION:

erythema; a puncture over the right dorsal hand measuring 0.2 x 0.2 cm.; a bruise over the right anterior leg measuring 2.1 x 0.6 cm, and a bruise over the left knee measuring 5.8 x 4.3 cm.

The following evidence of medical intervention is present: an identification band present on the right ankle with the patient's name; 2 AED probes over the right chest and left flank.

INTERNAL EXAMINATION: The body is opened using a standard Y - shaped incision to reveal a 5.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. There is no pleural fluid. The lungs are normally inflated. There are no pleural adhesions. The pericardial sac contains 25 mL of clear fluid. There are no fractured ribs. The thymus is not identified. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid. There are no adhesions between loops of bowel.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 410 g. (normal 270-360 g.) and is of normal shape. The pericardium is smooth and translucent. The myocardium is homogenous red-brown without infiltrates or lesions. The endocardium is translucent and smooth. The left ventricular wall is 1.1 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm), 2.0 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 11.8 cm (normal 12-13 cm), pulmonic valve 8.2 cm (normal 8.5-9.0 cm), mitral valve 11.1 cm (normal 10.5-11.0 cm), and aortic valve 7.2 cm (normal 7.7-8.0 cm). The foramen ovale is patent.

Blood vessels: The coronary circulation is right dominant. The coronary arteries reveal no atherosclerotic plaques. The aorta exhibits minimal atherosclerotic changes. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is tan-brown, smooth without lesions, and the vocal cords are unremarkable. The tracheal mucosa is tan-brown, smooth without lesions.

Lungs, bilateral: The right lung weighs 670 g. and the left lung weighs 650 g. (normal Rt 435 g. - Lt. 385 g.). The pleural surfaces show decreased septal spaces and lobules with out-pouchings suggestive of interstitial fibrosis. Lividity is dorsal. The left lung is inflated with formalin, and the right lung is examined fresh before sectioning. The bronchial and vascular trees are normal. The hilar nodes are unremarkable. The lung parenchyma is

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/08/07 1555
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

GROSS DESCRIPTION:

red-purple with appropriate porosity.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is tan-red and smooth without lesions.

Tongue: The tongue shows a finely granular surface with no coating.

Stomach and duodenum: The stomach contains 20 ml of partially digested food. The mucosa is normally rugose, tan and smooth with no lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions. The duodenal mucosa is neither congested or hemorrhagic.

Pancreas: The pancreas has a normal conformation. It is tan-yellow, lobulated and normally firm. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains 10 mL bile and no stones. The mucosa is gray-brown and smooth. The cystic duct, hepatic duct and common bile duct are patent and bile is expressed freely.

Liver: The liver weighs 990 g. (normal 1400-1900 g.). Glisson's capsule is translucent. The cut surfaces have a homogenous lobular pattern. The surfaces are red-brown, smooth and firm and display normal architecture.

Small bowel: The serosa is smooth and translucent without adhesions. The bowel is neither dilated or constricted. The lumen contains a small amount of soft brown feces. The mucosa is tan and glistening with normal plications. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth and translucent without adhesions. The lumen contains a small amount of soft formed stool. The mucosa is tan and glistening without lesions. There are no diverticula or polyps. The appendix is grossly normal.

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULOENDOTHELIAL SYSTEM: Spleen: The spleen weighs 131 g. (normal 125-195 g.) and the capsule is gray-blue, translucent, wrinkled, and without capsular fibrosis or infarcts. The spleen is semi-liquid. The parenchyma is red-brown, granular with adequate white pulp.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/08/07 1555
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

GROSS DESCRIPTION:

GENITOURINARY SYSTEM: Kidneys: The right kidney weighs 137 g. and the left 142 g. (normal 125-170 g.). The capsules strip with ease to reveal pink-brown, smooth cortical surfaces with fetal lobulations, and occasional tiny pits. The cut surfaces show well demarcated cortico-medullary junctions. The renal pelvic mucosa is tan-yellow and smooth without lesions. Perihilar adipose tissue is appropriate.

Ureters: The ureters are unobstructed.

Bladder: The bladder is dilated and contains 65 mL of cloudy yellow urine. The mucosa is tan-gray, smooth and the bladder wall is markedly trabeculated. The trigone has a normal conformation.

Prostate: The prostate is tan-gray, firm and smooth. The cut surfaces reveal normal granular surfaces without distinct architecture. The seminal vesicles are unremarkable.

Testes: The right testis weighs 18.1g. and the left 10.9 g. (normal 20-25 gm). The tunica albuginea is tan-white and glistening. The cut surfaces reveal soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 9.7 g. (normal 10-22 g.) and is red-brown, bosselated and glistening. The cut surfaces are homogeneous, translucent and red-brown.

Parathyroids: One golden-brown, soft fragment of tissue is collected as possible parathyroid.

Adrenals: The right adrenal weighs 7.2 g. and the left 9.7 g. (normal 5-6 g.). The adrenals have a normal conformation and position. Cut surfaces reveal firm golden yellow-brown cortices with gray soft medullae.

CENTRAL NERVOUS SYSTEM: BRAIN: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1620 g. (normal 1200-1400 g.). The gyri and sulci display a normal pattern without edema or atrophy. The leptomeninges are unremarkable. The circle of Willis, basilar, and vertebral arteries show no atherosclerosis. No indentation or herniation of the cingulate gyri, unci, or molding of the cerebellar tonsils is noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/08/07 1555
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

GROSS DESCRIPTION:

subsequent examination by a neuropathologist.

During the autopsy blood samples were submitted for toxicology and vitreous samples were retained for potential further examination. Samples of liver, kidney, heart, lung and spleen were frozen for potential further examination.

SH /DRB
08/10/07

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/08/07 1555
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

MICROSCOPIC DESCRIPTION:

Heart, right and left ventricle, Slides 10, 15, 16, and 17, (4 H&E, 3 PAS):
There is diffuse mild edema. Throughout the myocardium, there are scattered wavy fibers, contraction bands, and minimal-to-moderate fibrosis. The veins are distended, and the small arteries demonstrate hyalinization, thickened intima, and obscured internal elastic lamina. Also noted is basophilic degeneration of myocytes, which stains on PAS.

Lungs, left, Slides 11 and 12, (2 H&E):
The bronchial architecture is preserved. The alveolar septa are congested with dilated capillaries and show scattered areas of scant alveolar hemorrhage. No inflammation or thrombi are noted.

Lungs, right, Slides 13 and 14, (3 H&E):
The bronchial architecture is preserved. The alveolar septa are congested with dilated capillaries and show focal patchy areas of alveolar hemorrhage. No inflammation or thrombi are noted.

Kidney, bilateral, Slides 4 and 6, (2 H&E):
The right kidney demonstrates congestion and significant hemorrhage, whereas the left kidney shows autolysis but no pathologic change.

Liver, Slide 1, (1 H&E):
There is prominent autolysis, with loss of architecture.

Spleen, Slide 3, (1 H&E):
The spleen has a normal architecture with diffuse autolysis.

Pancreas, Slide 2, (1 H&E):
There is diffuse autolysis and increased fat but otherwise no pathologic change.

Adrenal Gland, Slides 1 and 5, (2 H&E):
The left adrenal is fragmented, and both are autolyzed and demonstrate no pathologic change.

Thyroid, Slide 2, (1 H&E):
The follicles are variable in size and demonstrate no pathologic change. No inflammation is noted.

Parathyroid, Slide 4, (1 H&E):
One parathyroid demonstrates fatty content without pathologic change.

Testes, Slides 3 and 5, (2 H&E):
The left testis demonstrates "ghost outlines" but no frank infarct, with preservation of tissue around the rete and hilum. Active spermatogenesis

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/08/07 1555
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-054
(409) 772-123
Fax (409) 772-568
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

MICROSCOPIC DESCRIPTION:

noted bilaterally.

Prostate, Slide 6, (1 H&E):
The prostate has preserved architecture without pathologic change.

Urinary bladder, Slide 9, (1 H&E):
No pathologic change.

Esophagus and Stomach, Slide 8, (1 H&E):
No squamous epithelium is identified. No pathologic change noted.

Ileum and Jejunum, Slide 7, (1 H&E):
Sloughing of mucosal layer noted. Otherwise no pathologic change.

Rectum, Slide 9, (1 H&E):
Sloughing of mucosal layer noted. Otherwise no pathologic change.

SH /SH
09/14/07

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/08/07 1555
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-054
(409) 772-123
Fax (409) 772-568:
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 47-year-old TDC inmate with a history of schizoaffective and borderline personality disorders, hepatitis C virus, hypertension, and asthma. He had most recently presented to clinic on 6/13/2007 with complaints of breathing difficulty; no findings were present on exam, and he was discharged without treatment. In addition, he had a long history of treatment for psychiatric symptoms, had made serious suicide attempts in the past, and had just recently been discharged from Skyview Crisis Management unit for threats of self-harm and hallucination. At time of death, he reported regularly taking all prescribed medications: Ziprasidone 80mg BID, Fluoxetine 20mg QAM, Haloperidol 15mg BID, Benztropine 1mg daily, Dicyclomine 20mg BID, HCTZ 50mg daily, and aspirin 325mg daily. On August 8, 2007 at 0445, he was found unresponsive in the bunk bed of his two-man cell. The patient was taken to the infirmary where CPR attempts were unsuccessful, and he was pronounced dead at 0512.

Though there is no information regarding core body temperature at time of death or the exact ambient temperature of his unit, there is cause to suspect hyperthermia. Heat elimination by radiation ceases when the ambient temperature rises above body temperature, and the patient had been placed in a unit without air-conditioning in the summer heat and humidity. More compelling are his prescribed medications, many of which are known to cause temperature dysregulation, permitting hyperthermia. In addition to causing drug induced syndromes like neuroleptic malignant and serotonin syndromes, antipsychotic and antidepressant medications impair heat tolerance, perhaps by reducing the ability to transfer heat from the body core to periphery. Other medications indicated in the development of hyperthermia include anticholinergic agents such as Benztropine, Dicyclomine, and antihistamines that impair the sweating mechanism. Sympathomimetic drugs such as cocaine and amphetamines can increase body temperature, and diuretics may cause volume depletion and limit the ability to sweat and adjust cardiac output.

A significant number of heat-related deaths do not directly result from hyperthermia but from stress fatally exacerbating underlying medical disease. Though his coronary arteries were patent without noticeable atherosclerosis, his heart was heavy at 410 gm with evidence of ischemic change on microscopy. EKG in 2004 reported a nonspecific ST abnormality. All heart sections demonstrated mild edema, scattered wavy fibers and contraction banding, and minimal-to-moderate fibrosis. The myocardial veins were distended, and the small arteries demonstrated hyalinization, thickened intima, and obscured internal elastic lamina. Even with these relatively unimpressive findings, the added stress of heat could compound the potential for dysrhythmia, heart failure, seizure, or shock. In many heat-related deaths, findings are non-specific, and diagnosis is based on scene investigation and circumstances surrounding death.

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)390315R
Patient Name: SHRIVER, JAMES
Age: 47 YRS *DOB:* 01/28/60 *Sex:* M *Race:* C
Admitting Dr.: ARONSON MD,JUDITH F
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/08/07 1555
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00212

CLINICOPATHOLOGIC CORRELATION:

These patients are often dehydrated, a condition that can be detected by vitreous fluid electrolytes and urea nitrogen analysis. However, careful analysis is needed as post-mortem levels in vitreous fluid demonstrate a gradual decline in sodium and chloride and a linear increase in potassium. Expected concentrations are: sodium 140-145 mEq/L, chloride 115-125 mEq/L, and urea nitrogen 10-15 mg/dL. Elevated sodium > 150-165 mEq/L, chloride > 125-140 mEq/L, and urea nitrogen > 40-00 mg/dL are considered indicative of dehydration. This patient's vitreous revealed sodium 124 mEq/L and chloride not measured. His carbon dioxide content was 12.7 mEq/L, a value that is within expected range and remains stable during the post-mortem interval. Potassium exits the cells rapidly after death and is reflected as a gradual, linear rise in vitreous; this rise is most impressively influenced by ambient temperature during the postmortem interval. The patient's potassium concentration was 10.7 mEq/L, a value lower than expected. In conjunction with his lower sodium value, this may indicate a "low-salt" or "hypotonic" pattern of electrolyte abnormality, most often a result of fatty metamorphosis or cirrhosis of the liver. Indeed, this patient was hepatitis C seropositive.

In summary, prior abnormal EKG and the signs of ischemia in the myocardium, with small vessel abnormalities, suggest arrythmia as a cause of death. The medication history and otherwise vague anatomic findings point to hyperthermia as a contributing factor in this patient's death. It is our opinion that the cause of death is cardiac arrythmia, with likely temperature dysregulation, and the manner of death is natural.

References:

Dolinak, D, Matshes EW, and Lew, EO. Forensic pathology: principles and practice. Burlington (MA): Elsevier; 2005.

Coe, JI. Postmortem chemistry update: Emphasis on forensic application. American Journal of Medical Pathology, 14:2. 1993.

SH /SH
09/14/07

DANIEL F. COWAN, M.D., PATHOLOGIST (Electronic Signature)
DANIEL F. COWAN, M.D., PATHOLOGIST
09/18/07

END OF REPORT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM,	§	
PLAINTIFFS	§	
	§	
v.	§	CIVIL ACTION NO.
	§	4:14-cv-3253
	§	JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT EASON, the UNIVERSITY OF TEXAS MEDICAL BRANCH and the TEXAS DEPARTMENT OF CRIMINAL JUSTICE.	§	
DEFENDANTS	§	

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 9

UTMB
The University of Texas Medical Branch

Carolyn McMillian
Death Records Coordinator
for Health Information Management
University of Texas Medical Branch--Managed Care
262 FM 3478 Ste B Huntsville, Texas 77320 -3323
Phone: (936) 439-1342 Fax: (936) 439-1350

Date: September 13, 2013

Texas Civil Rights Project
Attn: Eva Sikes
1405 Montopolis Dr.
Austin, Texas 78741-3438

Dear Ms. Sikes,

Pursuant to your request, enclosed you will find a copy of the autopsy report on deceased offender **Dionicia Robles TDCJ # 1443175** If you have any more questions or need anything further please do not hesitate to contact my office at the number above.
If you need a copy of the **Death Certificate** you will need to contact the following:

Vital Statistics Unit MC 1966
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347
Phone (512) 458-7111

Your patience regarding this matter is appreciated.

Sincerely,

Carolyn McMillian
Death Records Coordinator

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/13/07 1337
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

1443175

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
Date/Time of Death: 8/13/2007 05:00Date/Time of Autopsy: 8/14/2007
Pathologist/Resident: ARONSON/HALEY Service: OUTSIDE TDCJ
Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

I.	Body as a whole: History of sudden, unexpected death	C1
A.	Body as a whole: Psychosis, treated with thorazine and celexa	C2
B.	Body as a whole: Advanced autolysis	A4
C.	Lungs, bilateral: Congestion and edema (combined weight 1640 gm)	A4
D.	Brain, left cerebral convexity: Mild subarachnoid hemorrhagic discoloration	A4
E.	Blood: Post-mortem toxicology negative for drugs of abuse	A4
II.	Heart, myocardium: Cardiomegaly, mild (weight 440 gm)	A3
A.	Heart, right ventricle: Dilatation	A3
II.	Other findings:	
A.	Liver: Steatosis and fibrosis	A5
B.	Skin: Dermatophytosis	A5
C.	Thyroid: Chronic lymphocytic thyroiditis	A5
D.	Skull: Hyperostosis frontalis interna, and focal non-specific defect in posterior skull	A5
E.	Kidney, left: Duplicate renal artery	A5
F.	Gallbladder: Cholesterolosis	A5
G.	Urinary bladder: Mild trabeculations	A5
H.	Urinary bladder: Mucosal hematoma (4 x 3.3 cm)	A5

CAUSE OF DEATH: Heat related death due to environmental factors and phenothiazines

MANNER OF DEATH: Accident

RECEIVED
OCT 26 2007
COPIED AND SENT

****TYPE: Anatomic(A) or Clinical(C) Diagnosis.*
*IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant; 5-incidental ****

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/13/07 1337
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

CLINICAL SUMMARY:

The following information is based on information provided by the TDC system, OIG, and Judge Duncan.

The patient was a 54-year-old TDC inmate with a past medical history of mood and anxiety disorders who was prescribed Cymbalta and Abilify in 1996. These medications were continued following his placement in county prison on 7/17/07. About one week prior to death, he began to experience auditory hallucinations and was prescribed Celexa and Thorazine. For several days following, he repeatedly complained of feeling hot and was placed in air-conditioned rooms and in front of a fan with little improvement. On 8/13/07 at approximately 0500, he was found by an officer face-down on the top bunk of his cell after he did not present for breakfast. He was taken to the Byrd Unit emergency room and was pronounced dead at 0525. Temperature log from Aug 12 reported a maximum outdoor tempoerature of 110 degree F on that day.

SH /SH
09/14/07

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/13/07 1337
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a 53 year old, obese, and appropriately developed Hispanic male, measuring 175 cm in length. The body is unclothed. No personal belongings accompany the body. There is rigor mortis present in the upper and lower extremities and the face and there is fixed dependent lividity on the posterior surfaces. The head is normocephalic with short gray-black scalp hair and mustache and beard stubble. The irides are brown with equal pupils measuring 0.5 cm in diameter. The corneas are cloudy, conjunctivae are pink and the sclerae are white with petechial hemorrhage more noticeable in the right eye. The nares are patent with mucus exudate. Dentition is unremarkable. The patient has his tongue clamped firmly between his teeth. Buccal membranes are normal with drying of the lips. The neck does not reveal any evidence of external trauma. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly. There is normal male hair distribution. The chest does not have increased anterior-posterior diameter. The abdomen is protuberant. Lymph node enlargement is not present in the supraclavicular, axillary or inguinal regions. The extremities and back are unremarkable. The genitalia are those of a normal uncircumcised male.

The following evidence of medical intervention is present: There are 4 electrocardiograph electrodes, one over the right shoulder, one over the left shoulder, one over the left lower quadrant, and one over the right lower quadrant.

There is a scar over the right lateral thigh measuring 24.6 x 0.8 cm. There is an abrasion over the right knee measuring 0.2 x 0.5 cm and an abrasion over the right ankle measuring 0.6 x 0,6 cm. There is a scab over the right anterior foreleg measuring 0.3 x 2.1 cm. Over the right medial ankle, there is a scab measuring 2.5 x 1.4 cm and an area of scattered scabs measuring 2.1 x 0.4 cm. There are three scars over the left anterior knee measuring 0.4 x 0.4 cm, 0.1 x 0.5 cm, and 1.2 x 0.2 cm. There is an area of scab over the left anterior foreleg measuring 2.1 x 2.5 cm. There is an open abrasion over the right lateral upper arm measuring 1.0 x 0.8 cm.

There is a nevus over the mid-back measuring 1.6 x 1.4 cm. There are discolored toenails on the left great toe and right second toe. There are multiple inflamed hair follicles, some with a central pustule, over the shoulders, chest, and axilla, measuring 0.1 to 0.6 cm in diameter.

INTERNAL EXAMINATION: The body is opened using a standard Y - shaped incision and reveals a 2.4 cm thick panniculus. The thoracic and abdominal organs are in the normal anatomic positions. There is minimal pleural fluid. The lungs are appropriately inflated. There are fibrous pleural adhesions on the right to the posterior chest wall. The pericardial sac contains no fluid. There are no fractured ribs. The thymus is not identified. No thromboemboli are found

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/13/07 1337
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

GROSS DESCRIPTION:

within the large pulmonary arteries. The abdominal cavity contains minimal fluid. There are few adhesions between loops of bowel. The entire body demonstrates an advanced degree of autolysis.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 440 g. (normal 270-360g.) and is of normal shape and size. The pericardium is smooth and transparent. The myocardium is autolyzed and is homogeneous brown-black. No scars, infiltrates, or lesions are appreciated. The endocardium is dark red and smooth. Serial cuts from the apex reveals right ventricular dilatation. The left ventricular wall is 1 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm), 2.0 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are red-brown, delicate and membranous. Valve circumferences measured on the fresh heart are: tricuspid valve 15.1 cm (normal 12-13 cm), pulmonic valve 8.1 cm (normal 8.5-9.0 cm), mitral valve 14.2 cm (normal 10.5-11.0 cm), and aortic valve 7.8 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant. The coronary arteries reveal mild to moderate atherosclerotic plaques. The left anterior descending coronary artery shows diffuse involvement of an eccentric plaque with 30 to 40% stenosis, the left circumflex artery shows diffuse circumferential thickening with 10-20% stenosis, and the posterior descending artery shows diffuse circumferential thickening with a focal area of eccentric plaque with 35-40% stenosis, located 9 cm from the origin of the right coronary artery for a distance of 0.5 cm. There is no evidence of hemorrhage or rupture within the plaques. The aorta exhibits minimal atherosclerotic changes without ulceration or friable calcification. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal in configuration without external compression and are not distended with blood.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is red-brown, smooth, without lesions, and the vocal cords are unremarkable. The tracheal mucosa is red-brown, smooth, and without lesions.

Lungs, bilateral: The right lung weighs 820 g., and the left lung weighs 820 g. (normal R-435/L-385 g.). The pleural surfaces are red-brown and smooth. Lividity is dorsal. The left lung is inflated with formalin, and the right lung is examined fresh before sectioning. Hilar dissection reveals the bronchial and vascular trees to be of normal configuration without lesions. The hilar nodes are unremarkable. The lung parenchyma is red-brown with normal porosity.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is tan-brown and

Continued....

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/13/07 1337
Copies to:

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

GROSS DESCRIPTION:

smooth without lesions. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue reveals soft tissue hemorrhage of the apex.

Stomach and duodenum: The stomach contains 15 ml of light brown, liquid chyme. The wall displays flattened rugae, and the mucosa is tan-gray without lesions. The duodenum has a tan, glistening mucosa with a normal plical pattern without lesions. The duodenal mucosa is focal hemorrhage.

Pancreas: The pancreas has a normal conformation of the head and tail. It is tan-yellow, lobulated and firm. The pancreatic duct is patent. The pancreas cuts without a gritty sensation.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains 10 mL of bile and no stones. The mucosa is gray-yellow and granular with cholesterolosis. The cystic duct, hepatic duct and common bile duct are patent and bile is expressed freely.

Liver: The liver weighs 1720 g. (normal 1400-1900 g.). Glisson's capsule is translucent and glistening. The cut surfaces have a homogenous lobular pattern, cut with ease and ooze blood. The surfaces are brown-orange, soft, with multiple spaces created by gas bubbles. Otherwise, the architecture is normal.

Small bowel: The serosa is smooth and translucent with minimal adhesions. The bowel is neither dilated or constricted and the lumen contains light brown liquid stool. The mucosa is tan and glistening with normal plications and focal areas of hemorrhage. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth and translucent with minimal adhesions. The lumen contains light brown formed stool. The mucosa is tan and glistening and shows focal congestion. There are no diverticula or polyps present within the large bowel. The appendix is grossly normal.

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULOENDOTHELIAL SYSTEM: Spleen: The spleen weighs 318 g. (normal 125-195 g.) and the capsule is gray-blue, translucent, and smooth without capsular fibrosis or infarcts. The spleen is semi-liquid, and the cut surfaces ooze blood. The parenchyma is red-brown, soft, and bloody with adequate white pulp. Granulomas are not present.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable. The cut surfaces show normal architecture.

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/13/07 1337
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

GROSS DESCRIPTION:

GENITOURINARY SYSTEM: Kidneys: The right kidney weighs 160 g., and the left 160 g. (normal 125-175 g.). The capsules strip with ease to reveal brown, finely granular cortical surfaces with multiple scattered U-shaped pits. The cut surfaces show poorly demarcated cortico-medullary junctions. The cortex is 0.7 cm in thickness; the medulla is 1.6 cm in thickness. The renal pelvic mucosa is tan-white, smooth and has no lesions. Perihilar adipose tissue is appropriate. The left renal artery splits into three segments before entering the kidney.

Ureters: The ureters are unobstructed and measure 0.3 cm in maximal external diameter in the upper third, with tan, smooth, glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe-patent into the bladder.

Bladder: The bladder is not dilated or contracted and contains a small amount of cloudy yellow urine. The mucosa is gray-white and smooth, and the bladder wall is mildly trabeculated. There is a hematoma near the urethral opening measuring 4.0 x 3.3 cm. A post-trigonal pouch is present. The trigone has a normal conformation.

Prostate: The prostate is tan-gray, smooth and firm. The cut surfaces reveal normal granular surfaces without distinct architecture. The seminal vesicles are unremarkable.

Testes: The right testis weighs 35 g., and the left 26 g. (normal 20-25 g.). The tunica albuginea is tan-white and glistening. The cut surfaces reveal soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 31 g. (normal 10-22 g.) and is red-brown, bosselated and glistening. The cut surfaces are soft, homogeneous, translucent and red-brown without lesions, cysts or nodules.

Parathyroids: There are 4 golden-brown, soft fragments of tissue identified as possible parathyroids.

Adrenals: The right adrenal weighs 8.8 g with fat attached, and the left 11 g with fat attached (normal 5-6 g.). The adrenals have a normal conformation and position. Cut surfaces reveal soft, fragmented, red-brown adrenals with little distinction between the cortices and medullae.

CENTRAL NERVOUS SYSTEM: BRAIN: Reflection of the scalp reveals no subgaleal hemorrhage. The calvarium and base of the skull show no fracture. There is a smooth, oval posterior skull defect measuring 1.3 x 1.9 cm that extends to a depth of 0.7 cm without surrounding fracture or vital reaction. There are

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/13/07 1337
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

GROSS DESCRIPTION:

calcified nodules of the frontal skull consistent with hyperostosis frontalis. There is subdural discoloration of the left cerebral fissure. The dura mater is normal. The brain weighs 1530 g. (normal 1200-1400 g.). The gyri and sulci display a normal pattern without edema or atrophy. The leptomeninges are unremarkable. The circle of Willis, basilar, and vertebral arteries show no atherosclerosis. No indentation or herniation of the cingulate gyri, unci, or molding of the cerebellar tonsils is noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The spinal cord is removed, and gross examination reveals no lesions. The spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The pituitary gland is removed and is fixed in formalin for subsequent examination by a neuropathologist.

During the autopsy blood was submitted for toxicology and culture, and vitreous samples were submitted for electrolytes. Samples of liver, kidney, and spleen were frozen for potential further examination.

SH /DRB
08/15/07

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/13/07 1337
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

MICROSCOPIC DESCRIPTION:

HEART, right and left ventricle, Slide 11, (1 H&E): Severe autolysis, no pathologic change identified.

LUNGS, left, Slide 10, and right, slide 9, (2 H&E): The general architecture is preserved. There is congestion and patchy alveolar edema.

KIDNEYS, Slides 2 and 4, (2 H&E): There is advanced autolysis, but the general architecture and glomeruli appear intact. There is mild thickening of small arteries and arterioles.

LIVER, Slide 3, (1 H&E): There is patchy macrovesicular steatosis and portal fibrosis with focal portal-portal bridging. There is advanced autolysis and post-mortem bacterial overgrowth is noted.

SPLEEN, Slide 1, (1 H&E): There is advanced autolysis. No pathologic change is noted.

PANCREAS, Slide 6, (1 H&E): Autolyzed.

ADRENAL GLANDSlides 1 and 4, (2 H&E): There is advanced autolysis. Post-mortem bacterial overgrowth is noted.

TISSUE SUBMITED AS PARATHYROID, Slide 2, (1 H&E): No parathyroid tissue is identified. Aggregates of fat and connective tissue are noted.

TESTES, Slides 3 and 5, (2 H&E): Both testes demonstrate active spermatogenesis. The left testis features a focal area of fibrosis and sclerotic tubules but is otherwise without pathologic change.

Prostate, Slide 7, (1 H&E): The prostate has preserved architecture without pathologic change.

ESOPHAGUS AND STOMACH, Slide 7, (1 H&E): The mucosal layer is autolyzed, and no squamous epithelium is identified. The tissue is without pathologic change.

JEJUNUM AND ILEUM, Slide 8, (1 H&E): The mucosal layer is autolyzed, and no pathologic change is noted.

SKELETAL MUSCLE, Slide 13, (1 H&E): No inflammatory or degenerative change noted.

THRYOID, slide 14 (1 H&E): There is rather extensive chronic inflammation with follicle formation and germinal centers focally present. There is accompanying fibrosis and apparent destruction of some thyroid follices.

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/13/07 1337
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

MICROSCOPIC DESCRIPTION:

Hurthle cell change is not noted. Residual thryoid tissue appears atrophic.

VERTEBRA, Slide 12, (1 H&E): Autolysis.

SKIN, LEFT TOE, Slide 5, (1 H&E): Marked acanthosis and hyperkeratotis.

SKIN, Slide 6, (1 H&E): Small yeast are seen in the stratum corneum. There is modest perivascular mixed inflammatory reaction in the dermis.

POST-MORTEM LABORATORY STUDIES

COMPREHENSIVE TOXICOLOGY PROFILE, PERFORMED BY AEGIS SCIENCES CORP:
Positive for Chlorpromazine, 63 ng/ml.
Comprehensive toxicology profile negative for alcohol, acetaminophen, stimulants, barbiturates, meprobamate, methadone, benzodiazepines, cannabinoids, cocaine metabolites, opiates, meperidine, fentanyl analogues, propoxyphene, pentazocine,salicylate, tricyclic antidepressants, atypical antidepressants, antipsychotics, miscellaneous.

VITREOUS ELECTROLYTES, PERFORMED BY UTMB HOSPITAL LABORATORIES:
Electrolytes (vitreous); Sodium 128 mmol/L, Potassium 14 mmol/L, CO2 14 mmol/L, Chloride not detected

SH /SH
09/14/07

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/13/07 1337
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 54-year-old offender who was treated with thorazine and celexa because of mood and anxiety disorder and auditory hallucinations. He died suddenly and unexpectedly on 8/13/07.

The autopsy revealed no anatomic findings sufficient to explain death. The heart was minimally enlarged, but there was no significant coronary disease or myocardial abnormalities. Autopsy revealed no evidence of infectious or other disease to explain his demise. The finding of relatively advanced autolysis for the duration of the post-mortem interval suggests the possibility of hyperthermia and heat related death. Though there is no information regarding core body temperature at time of death, there was documentation of very high outdoor temperature. More compelling is his medication history and the recent addition of thorazine, a phenothiazine antipsychotic (the presence of this medication was confirmed in his blood post-mortem). This class of medication has been repeatedly shown to cause lethal temperature deregulation via combined anticholinergic and central thermoregulatory effects that inhibit afferent neuronal input to the hypothalamus. This inhibition decreases the hypothalamic compensatory effect of increasing cutaneous blood flow to aid in heat dissipation. Heat elimination is reduced, leading to systemic heat alteration. Other medications indicated in the development of hyperthermia include anticholinergic agents such as antihistamines and tricyclic antidepressants that may impair sweating mechanisms. Sympathomimetic drugs such as cocaine and amphetamines can increase body temperature, and diuretics may cause volume depletion and limit the ability to sweat and adjust cardiac output. Additional contributory factors in this patient include moderate obesity, and mild cardiomegaly, which may have pre-disposed him to fatal dysrhythmia in the setting of heat-induced stress. The vitreous electrolyte measurements post-mortem did not show a typical dehydration pattern. However, this does not negate the possibility of heat related death.

In summary, it is our opinion, based on the clinical history, scene investigation, and autopsy results, that the patient died as a result of hyperthermia, caused by environmental conditions plus pre-existing co-morbidities and medication. The manner of death is accidental.

References:

Dolinak, D, Matshes EW, and Lew, EO. Forensic pathology: principles and practice. Burlington (MA): Elsevier; 2005.

Coe, JI. Postmortem chemistry update: Emphasis on forensic application. American Journal of Medical Pathology, 14:2. 1993

SH /SH

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1443175
Patient Name: ROBLES, DIONICIO
Age: 54 YRS *DOB:* 03/30/53 *Sex:* M *Race:* S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/13/07 1337
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00224

CLINICOPATHOLOGIC CORRELATION:
09/14/07

JUDITH F. ARONSON, M.D., PATHOLOGIST (Electronic Signature)

10/17/07

Patient Name: *ROBLES, DIONICIO*
Patient Location: *AUTOPSY*
Room/Bed: -
Printed Date / Time: *10/18/07 - 0821*

END OF REPORT